

This form is used to declare work experience for periods during which you were self-employed, or a previous employer will not complete an Employer Declaration.

**Note:** Unless your work experience was gained through self-employment, applications must be accompanied by at least one Employer Declaration. For more information, see Instructions for Certification Challenge.

A “Broadband Network Technician” installs, maintains and repairs cable and satellite telecommunication systems, including cable television, broadband internet and telephone services. Broadband Network Technicians work in the telecommunications industry, performing services on-site at client premises, in the distribution network or at the headend. On-site tasks include installations, troubleshooting, and repair of cable, internet or telephone systems. They also perform customer service and education tasks. Headend tasks include directing and routing broadband information to its destination and troubleshooting central problems.

To qualify to challenge certification in this trade, individuals must have:

- worked a minimum of **6,160 hours** performing the tasks listed in Section D, and
- experience performing at least **70%** of the job tasks listed in Section D.

### A. Applicant Name

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
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### B. Self-Employment or Employment Information of Applicant

Enter the contact information for your own business if you are self-employed or your previous employer who will not complete an Employer Declaration.

Name of Organization/Employer/Business:		Business Registration Number: (Self-Employment only)
Business Address (Street Name/Number, Building/Unit Number):		City:
Province/ State:	Country:	Postal Code/ Zip Code:
Business Phone Number: ( )	Email Address:	Website:

Enter the dates and number of hours for this period of employment or self-employment. You may combine multiple periods of self-employment on one form, but you must separate periods of employment with different employers on separate forms.

Dates of Employment (MM/DD/YYYY): From: To:		Total Number Hours of <b>Broadband Network Technician</b> Experience Accumulated in Period:
Job Title of Applicant:		

# BROADBAND NETWORK TECHNICIAN STATUTORY DECLARATION OF WORK EXPERIENCE

SkilledTradesBC Customer Service  
800 – 8100 Granville Ave  
Richmond, BC V6Y 3T6  
Tel: 778-328-8700  
Fax: 778-328-8701  
Toll Free: 1-866-660-6011  
customerservice@skilledtradesbc.ca

## C. Reason for Statutory Declaration

Indicate why a Statutory Declaration is required for this period of employment:

- ☐ Applicant was self-employed ☐ Employer will/can not complete Employer Declaration

Applicants **must** attempt to contact current or previous employers to request an Employer Declaration to be filled out and signed.

If you have been unable to obtain an Employer Declaration for any portion of your non-self-employed work experience, **indicate the steps you have taken to try to obtain it.**

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## D. Statutory Declaration of Job Task Performance

By checking “Yes” or “No” in the Declaration Response column, indicate whether you have performed the job tasks listed below during the period indicated in Section B.

JOB TASKS (27)	DECLARATION RESPONSE	
<b>Trade Safety</b>		
Uses Personal Protective Equipment (PPE)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Practices Safe Working Procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Broadband RF Systems and Components</b>		
Describes RF Signal Distribution Systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describes Television Systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applies Decibel Theory and Mathematics	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describes Broadband Communications Architecture	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describes Broadband System Amplifiers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Interprets Broadband RF System Designs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describes Components of Subscriber Installations	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*Enter the applicant's initials on every page of this form*

I hereby certify, that to the best of my knowledge, the information I am providing is true and accurate.	Applicant's Initials:
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# BROADBAND NETWORK TECHNICIAN STATUTORY DECLARATION OF WORK EXPERIENCE

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JOB TASKS (27)	DECLARATION RESPONSE	
Describes Structured Cabling Systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describes Transmission Systems and Components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Broadband System Construction, Installation and Upgrade</b>		
Constructs Broadband Systems (Outside Plant)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs Broadband Systems Installations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Maintain and Repair Broadband Systems</b>		
Uses Testing Tools and Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs Routine and Preventative Maintenance on Broadband Systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describes Signal Leakage	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describes Digital Signal Maintenance and Repair	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Troubleshoots Modem Operation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repairs Broadband Systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains and Repair Broadband Amplifiers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Headend</b>		
Describes Headend and Components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains and Repair Headend	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Fiber Optic Systems and Components</b>		
Describes Fiber Optic Technologies and Components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describes Fiber-To-The-Premise (FTTP) Architecture and Components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains and Repair Fiber Optic Systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Maintain and Repair Broadband Powering Systems</b>		
Maintains and Repair the Power Distribution System of a Broadband Network	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains and Repair Power Supply Systems for Broadband Networks	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## E. Applicant Signature

I certify that the information I have provided is true and accurate. (Note: Collection and protection of personal information on this form is in accordance with the provisions of the Freedom of Information and Protection of Privacy Act.)

Applicant Name (please print):	Applicant Signature:	Date: (MM/DD/YYYY)
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*Enter the applicant's initials on every page of this form*

I hereby certify, that to the best of my knowledge, the information I am providing is true and accurate.	Applicant's Initials:
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## F. References

**Minimum of Three References** must accompany **each Statutory Declaration form**. Include names and contact information of minimum three individuals who can attest to your hours and/or scope of trade. References listed must be related to the organization and period of employment listed in Section B of this form.

Each individual listed will be contacted by SkilledTradesBC to verify the information provided on your application.

### 1. Reference

Relationship to Applicant:		
<input type="checkbox"/> Former Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Supplier
<input type="checkbox"/> Co-worker	<input type="checkbox"/> Client	<input type="checkbox"/> Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference:	Language(s) that reference can communicate: (Check all that apply)	
	<input type="checkbox"/> English	<input type="checkbox"/> Other (specify):
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

### 2. Reference

Relationship to Applicant:		
<input type="checkbox"/> Former Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Supplier
<input type="checkbox"/> Co-worker	<input type="checkbox"/> Client	<input type="checkbox"/> Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference:	Language(s) that reference can communicate: (Check all that apply)	
	<input type="checkbox"/> English	<input type="checkbox"/> Other (specify):
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

### 3. Reference

Relationship to Applicant:		
<input type="checkbox"/> Former Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Supplier
<input type="checkbox"/> Co-worker	<input type="checkbox"/> Client	<input type="checkbox"/> Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference:	Language(s) that reference can communicate: (Check all that apply)	
	<input type="checkbox"/> English	<input type="checkbox"/> Other (specify):
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

*Enter the applicant's initials on every page of this form*

I hereby certify, that to the best of my knowledge, the information I am providing is true and accurate.	Applicant's Initials:
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